

Surgeon General's Media Update

Jan. 23, 2007

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01/22/07 – PRNewswire

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President to Propose Shifting Health Funds to States

01/22/07 - By Christopher Lee and Lori Montgomery, Washington Post

The best solutions to the problem of nearly 47 million Americans lacking health insurance are to be found in states across the country, Health and Human Services Secretary Mike Leavitt said Monday.

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FALLS CHURCH, Va. - Accelera Solutions, the leader in Virtual Access solutions, announced today they were awarded a \$1.5 million contract to architect, design and implement a solution that will make AHLTA easier to deploy and support across the Pacific Air Forces (PACAF) command. This initiative, called the Clinical Desktop, will demonstrate the effectiveness, efficiency and cost savings of centralized, virtual access computing. As part of the solution, Accelera will install and configure all products with the Citrix Access Suite(TM) -- Citrix Presentation Server, Citrix Password Manager and Citrix Access Gateway, developed by Citrix Systems, Inc.

AHLTA, the U.S. military's electronic health record (EHR), marks a significant new era in healthcare for the Military Health System. The Department of Defense (DoD) is leading the effort of Americans having EHRs by implementing AHLTA -- the interoperable, globally-accessible, protected, and always available digital records for Uniformed Services members, retirees and their families. AHLTA gives healthcare providers access to information essential to providing quality care.

Accelera will enable all PACAF medical professionals to access AHLTA, regardless of their location or device. Ultimately, health professionals will achieve HIPAA compliance and provide better, more informed care to more patients throughout the day. This centralized solution will improve user productivity, reduce software maintenance costs, reduce upgrade costs, and increase the client device lifecycle.

The productivity of AHLTA users is impacted by the time it takes doctors and nurses to access data -- more specifically login and logout of AHLTA. Accelera's implementation of the Clinical Desktop will dramatically enhance users' ability to securely share a common kiosk environment and benefit from fast user switching. Citrix solutions give users secure access to shared workstations 90% faster than with standard desktop logons.

Users will benefit from fast and secure information access, and with single sign-on passwords, they can pick up where they left off. The use of shared passwords will be eliminated, in compliance with HIPAA. Additionally, Accelera's solution will support the Common Access Card (CAC).

"As one of our top U.S. Platinum Partners, we are confident that Accelera Solutions will provide excellent leadership and support for this project," said Tom Simmons, Area Vice President, Citrix Government Systems. "Accelera is the first and only partner to integrate AHLTA software with Citrix Presentation Server. Their technical acumen coupled with our powerful technology will extend AHLTA to those medical stakeholders who need to have life-saving information at their fingertips," said Simmons.

Accelera has a solid track record in DoD healthcare. The company deployed a Citrix solution to access the AHLTA software externally for the Navy Medical Center Portsmouth. They also architected a solution for Space and Naval Warfare Systems Center (SPAWAR) Charleston to build and design a solution for remote users of AHLTA. This template is being tested at several hospitals including the Army's Landstuhl Regional Medical Center in Germany, and Naval Hospital Charleston. It will be replicated at more than 40 TRICARE facilities in the coming months.

"We are thrilled to support our military and their beneficiaries, and to have been selected over some very large and well known competitors," said Joseph Brown, President, Accelera Solutions. "It's a great feeling knowing that our work with PACAF will have a direct impact on healthcare providers' ability to provide safer and more efficient care around the globe to our armed forces and their families."

Senator: War makes VA funding more crucial

Lawmaker hopes to restructure department to cut wait on caseload

01/22/07 - By Dennis Camire, Gannett News Service

With a new stream of war veterans coming home in need of health care and other services from the federal government, the new chairmen of Congress' two veterans affairs panels say they'll be asking for more money.

Sen. Daniel Akaka, D-Hawaii, chairman of the Senate Veterans Affairs Committee, said the Veterans Affairs Department's funding is inadequate to meet the needs of those coming back from Iraq and Afghanistan.

In particular, he pointed to the increasing numbers of troops suffering from post-traumatic stress disorder, amputations and other problems.

"I'm going to have to make a big effort to try to increase the level of funding," he said. "I'm proposing to do it by justifying it as a cost of war and not ... have us stand in line with other committees for whatever [money] is there in the treasury."

The VA's money woes stem in part from the fact that Congress did not complete the agency's annual spending bill, which would have increased funding by \$3 billion this year. The VA has said it needed the additional money just to take care of veterans already in its system.

Without the new money, the agency is left operating under last year's spending levels and drawing criticism from veterans' advocates.

"The inability to finalize a budget leaves VA administrators guessing how much money they have to operate the nation's premiere health care delivery system," said Paul A. Morin, national commander of the American Legion.

Akaka said he was working with the Senate's leaders on increasing the VA's spending for the current year.

Rep. Bob Filner, D-Calif., the new chairman of the House Veterans Affairs Committee, agreed that more money is needed for the VA health care system, including additional funds for mental health care and chronic diseases research.

He has other priorities, as well: "insuring timely and adequate funding for the VA, effectively addressing the mental health and transition concerns of our troops returning from Iraq and Afghanistan, improving Department of Defense and VA collaboration and updating the Montgomery GI Bill," Filner said.

Collaboration between the VA and Pentagon, as a service member goes from active duty to veteran status, often leaves much to be desired, according to Akaka.

"They have fallen between the cracks ... and some of their records were not carried over," he said, adding that some service members have lost benefits because of the problems they have had in getting into the VA system. Fixing the so-called transition problem, he said, "is going to be difficult."

Joe Violante, legislative director for Disabled American Veterans, said the VA and Defense Department have worked on transition issues for at least seven years but have been unable to find a solution so far.

"It amazes me that men and women coming out of the military are falling through the cracks," he said. "It's hard to imagine why it's so difficult for the VA and Defense Department to wrap their arms around this thing and make it happen."

Violante said one problem is that service members who are separating from active duty for medical reasons receive examinations by Defense Department doctors but have to undergo another examination by VA doctors before they can get a disability rating.

That process is taking longer for an increasing number of veterans. In mid-January, about 600,000 cases were in the VA system with about 168,000 pending for at least six months. That compares with about 535,000 at the same time last year with about 130,000 pending for at least six months.

Akaka said he believes the VA is overwhelmed by the caseload.

"We hear reports about veterans saying that they are told 'don't come back until four months from now to talk to us about your problem,'" Akaka said. "We can't let this happen."

To help that problem and others, Akaka said he wants to restructure the VA so it can provide the services veterans need today. Part of that, he said, is providing better services for veterans who suffer problems such as post-traumatic stress disorder.

"If we can do this restructuring to provide these services not only for PTSD but for prosthetics as well and rehabilitation efforts, I think this will really help the future veterans of our country," he said.

Health Net Supports Home-Like Hospice Suites for Military Patients at Walter Reed 01/22/07 – Business Wire

WASHINGTON, D.C. - A new Oncology Palliative Care suite and family/patient lounge opened today at the Walter Reed Army Medical Center (WRAMC), through the efforts of The Pentagon Federal Credit Union Foundation and Health Net Federal Services, Inc. (HNFS), a major donor.

The hospice rooms reflect current best practices for patients to receive quality care, while being treated in a soothing environment equipped with state-of-the-art technology, conveniences and comforts of home. Prior to the development of the hospice rooms, there were no accommodations at WRAMC for family members to comfortably stay with their terminally ill loved ones. Patients often had to make the difficult choice between receiving pain medication

and spending time with family at home during their last few days of life.

Ladonna Somers and her late husband, Sgt. Michael Somers, had to make that difficult choice. During the construction of the hospice rooms, Somers has been a source of insight into the physical and emotional needs of patients and their families.

"Health Net Federal Services understands the immediate need to construct a hospice suite at Walter Reed Army Medical Center and is honored to partner in this endeavor to bring comfort and dignity to our service members and their families," said Steve Tough, president, HNFS. HNFS donated \$50,000 to the construction of the hospice rooms.

Despite the WRAMC scheduled closure and merger with Bethesda Naval Hospital in the next five years, the PFCUF and Walter Reed officials put dignified comfort and care of military service members and their families first. "The room is needed now," said Roderick Mitchell, president, The Pentagon Federal Credit Union Foundation. "We wouldn't want to sit around and do nothing just because the hospital is going to move."

The grand opening ceremony will take place in WRAMC's Oncology department on January 22, 2007, at 3 p.m. Speakers include George W. Weightman, WRAMC Commander; WRAMC Chaplain Roderick Swanson; and Roderick Mitchell. Health Net Federal Services representatives will attend the event along with family members of patients who have succumbed to cancer, including Ladonna Somers and her young daughters, Regan and Faith.

Lawmakers move to block Tricare fee hikes

01/22/07 - By Rick Maze, Marine Corps Times

Bottom of Form A bill preventing the Defense Department from increasing Tricare premiums for reservists, retirees and their families was introduced Friday by two champions of military benefits.

Reps. Chet Edwards, D-Texas, and Walter Jones, R-N.C., introduced the Military Retirees Healthcare Protection Act just days after Pentagon officials renewed their calls for increasing Tricare premiums, deductibles and co-payments for some beneficiaries to deal with the military's rising health care costs.

Edwards and Jones said they believe there are alternatives to making beneficiaries pay more.

Edwards, chairman of the House Appropriations subcommittee on military construction and veterans affairs, said, "I believe that keeping our promise of quality, affordable health care for military retirees is the right thing to do and the smart thing to do. Our nation has a moral obligation to keep our promises to those who have kept their promise to defend our nation. It is the smart thing to do because we cannot attract the best and brightest to fight our war on terrorism in the years ahead if they see us breaking faith with those who served in years past."

Jones, a member of the House Armed Services Committee, said the bill "is about offering protection for the men and women who are willing to protect our nation from its enemies, and keeping promises to those who have promised to put themselves in harm's way when called upon."

"The families of our armed forces deserve consistent health care benefits," Jones said.

Last year, the Bush administration proposed to double and triple Tricare premiums for “working-age” retirees, those under age 65, but Congress blocked the move, ordering more study. That has not stopped the Pentagon from pursuing higher fees, which is why Edwards and Jones made a point of introducing their bill before the administration sends its fiscal 2008 budget to Congress.

The bill, HR 579, prohibits increases in enrollment fees for Tricare Prime and Tricare Reserve Select, in pharmacy co-pays and in co-pays for inpatient care unless Congress specifically approves such fees. The bill was referred to the House Armed Services Committee.

Many global bird flu outbreaks unreported -FAO

01/23/07 – By Vissuta Pothong, Reuters

BANGKOK - Many countries are doing a better job fighting the H5N1 bird flu virus, yet many outbreaks are not reported, Food and Agriculture Organisation (FAO) officials said on Tuesday.

Absolute transparency about disease outbreaks, involving farmers directly in surveillance and reporting as well as compensation were key to make the global fight against bird flu successful, they said.

"So far, many countries have managed to progressively control the virus and the global situation has improved tremendously," Juan Lubroth, a senior FAO infectious diseases official, told a news conference.

"Unfortunately, at the global scale, many outbreaks remain under reported or unreported. National or international bodies are often not in a position to immediately verify rumours or reports about unconfirmed outbreaks," Lubroth said.

The number of outbreaks in the first weeks of 2007 had been significantly lower than the epidemic waves of last year despite new flare-ups of the virus so far in eight countries, including Indonesia, China, Egypt, Japan and South Korea, FAO officials said.

"The virus continues to persist in several Asian countries, as well as in Egypt and Nigeria," said Hiroyuki Konuma, the FAO's deputy regional representative for Asia and the Pacific.

"Other countries may have been affected but have yet to report."

TET FESTIVAL FEARS

Bird flu remains essentially an animal disease, but it is known to have infected 267 people worldwide since late 2003. Of these, 161 have died, fanning fears of a global human pandemic.

Since 2003, outbreaks have been confirmed in about 50 countries and territories.

The FAO said there had been no reports of new outbreaks in secretive military-ruled Myanmar or Laos and Cambodia, all neighbouring Thailand, which had its first outbreak in six months earlier in January.

The spread of the virus by migrating wild birds from Asia to Europe and Africa had not taken place during this autumn/winter season at the same level as it had in 2005, the officials said.

But the poultry trade and the transport of live birds could still spread the virus and strong vigilance was needed.

"Recent outbreaks are following a seasonal pattern and do not come as a great surprise," Lubroth said.

"But we should remain alert as the recent outbreaks show. It is crucial that countries themselves set up their surveillance, detection and rapid-response measures," he added.

"Only immediate reporting of any suspected bird flu outbreak makes possible rapid intervention by farmers and veterinarians."

The officials also expressed concerns about bird flu spreading in Vietnam ahead the Tet Lunar New Year festival in mid-February when poultry is part of traditional feasts.

Vietnam has had no human H5N1 cases since November 2005 but the virus that first hit Southeast Asia in late 2003 returned to the Mekong Delta last month and has spread to a number of provinces.

"Yes, we are concerned about the situation in the upcoming holiday," said Laurence Gleeson, regional manager of the FAO's emergency centre for transboundary animal diseases.

"The question really will be to what extent the disease-control measures in place can stop the virus from spreading out."

President to Propose Shifting Health Funds to States

01/22/07 - By Christopher Lee and Lori Montgomery, Washington Post

The best solutions to the problem of nearly 47 million Americans lacking health insurance are to be found in states across the country, Health and Human Services Secretary Mike Leavitt said Monday.

President Bush will propose in his State of the Union address tonight, Leavitt said, that the federal government redirect some money from programs such as Medicaid and Medicare into a new grant program to help states devise and implement plans ensuring access to affordable health insurance.

Leavitt, who did not specify a funding amount, said the new Affordable Choices Initiative would help fuel efforts already underway in states such as Massachusetts and California to guarantee access to basic health coverage for everyone.

"The aspiration for all Americans to have access to a basic insurance policy at an affordable price is a widely held sentiment," Leavitt said. "There will be two diverging philosophies on how to solve this problem. One will be to have the federal government ensure everybody, and the other will be, 'Let the states lead.' "

Meanwhile, another Bush health care proposal drew a chilly reception from some Democrats. Bush will urge the creation of new tax breaks for the purchase of health insurance, especially by those who do not get coverage through work. Bush advisers acknowledged Monday that the plan initially would cost the federal government millions of dollars in lost revenue, but said that

would be offset by more revenue in later years and the plan would pay for itself within the first decade.

Rep. Pete Stark (D-Calif.), chairman of the House Ways and Means subcommittee on health, said he would not consider changing the tax code the way Bush wants to.

"The president's so-called health care proposal won't help the uninsured, most of whom have limited incomes and are already in low tax brackets," Stark said. Later he added, "Under the guise of tax breaks, the president is pursuing a policy designed to destroy the employer-based health care system, through which 160 million people receive coverage."

The new grant program, like the proposed changes in the tax code, would require congressional approval. States would be eligible for money if they defined what an affordable plan would be, established basic benefit requirements and devised a way (through state subsidies, for instance) to ensure that anyone could afford to enroll, Leavitt said.

Details of where the money would come from have not been worked out, he said, but generally federal officials want to redirect payments that now go to hospitals with disproportionately large numbers of low-income and uninsured patients.

"Rather than perpetually pay the bills of uninsured people, it's better to use part of the money to help them get a basic insurance policy," Leavitt said. "They get better care and the money ultimately goes further."

Bush's proposals follow a wave of policy experiments at the state level to deal with the uninsured, most notably a decision last year by Massachusetts to require all residents to obtain health coverage. The Massachusetts plan would provide subsidies to people who could not afford basic insurance and would impose a fee on businesses with more than 10 employees who do not sponsor insurance for their workers. California Gov. Arnold Schwarzenegger (R) proposed a similar plan this month to cover the 6.5 million uninsured people in his state, funding its \$12 billion cost partly through fees on employers, hospitals and doctors.

Other states that are expanding coverage or considering doing so include Maine, Vermont, Pennsylvania, Connecticut, Indiana, Iowa, Louisiana, Minnesota, Missouri, New Hampshire, New Jersey, New Mexico, North Carolina and Wisconsin, according to the National Conference of State Legislatures.

Democrats and some business, labor and consumer groups, however, have called for the federal government to play a more active role in expanding coverage to the uninsured, through increased spending on the federal-state Children's Health Insurance Program.

Some Democrats favor expanding Medicare to allow people under 65 to enroll. Sen. Ron Wyden (D-Ore.) has proposed doing away with employer-sponsored care and replacing it with a centrally financed system of health insurance for everyone.

The plan calls for employer-provided health care benefits to be counted as taxable income for the first time. To offset the impact on taxpayers, the White House proposes to create a standard health-care deduction -- set at \$15,000 for families and \$7,500 for individuals.

Families who receive employer-provided benefits worth more than that amount when the program would begin in 2009 -- approximately 30 million people, according to White House officials -- would see their tax bills go up. But the vast majority of families with employer-provided coverage -- more than 100 million families -- would see a reduction in their tax bills.

Meanwhile, the plan would give a tax break for the first time to the approximately 17 million families who purchase health care on their own. And it would induce an estimated 3 million families who currently are uninsured to purchase a health plan, said Katherine Baicker, a member of the president's Council of Economic Advisers.

Giving millions of families a large new tax deduction, even while raising taxes on employees with so-called "gold-plated" health care plans, would initially cost the government million in lost taxes, Baicker said, though she declined to provide the cost of the plan.

However, those revenues would be recovered within the first decade, Baicker said, because the deduction would grow at the same rate as inflation, instead of growing at the much faster pace of the cost of health care.

Some groups, such as America's Health Insurance Plans, the health insurance industry association, praised Bush for making health care a priority but reserved judgment on his proposals until more details are available.

"It's so new, and we're just getting our hands around it," said Karen Ignagni, the group's president.

Jay Timmons, senior vice president of the National Association of Manufacturers, expressed similar sentiments.

"The specific details of the plan are key," said Timmons, whose member companies employ more than 14 million workers and provide health insurance for many of them. "The ambitious plan. . . will impact employers and employees alike."